Haysville School District, USD 261
1745 W. Grand · Haysville, KS 67060 · (316) 554-2200 · www.usd261.com

PARENTAL REFUSAL OF VISION SCREENING

As the lawful custodian of _____, I have been notified by the Haysville School District, USD 261, that my child is in need of a vision screening. Even though _____ is eligible to receive the vision screening offered by Haysville Unified School District, USD 261, I am exercising my right to refuse the offer of this service. This refusal form is valid for the current school year only.

Parent Name (Please Print) _____

ADDRESS _____ _____ _____ _____
Street City State Zip Code

Signature _____ Date _____

If you have any questions or concerns, please contact your building nurse.

Thank you